

FOR HEALTH CARE PROVIDERS REPORTING AN AIDS DIAGNOSIS
OR A CASE OF HIV INFECTION

To report a case of HIV infection or AIDS, please complete the Department of Health Services' (CDHS) HIV/AIDS Confidential Case Report Form (DHS 8641A) available at <http://www.dhs.ca.gov/ps/ooa/HIVReporting>. Contact your local health department's HIV/AIDS surveillance program for information on how to fill out the form and where to send the completed form. The form must be sent to your local health department, not to CDHS. California law requires health care providers to submit HIV/AIDS case reports to the local health department within seven calendar days.

For copies of the case report form, information about how to submit case reports in a secure and confidential manner, or for any other inquiries about the reporting process, please contact your local health department's HIV/AIDS surveillance program. A list of authorized surveillance staff is available from the CDHS/Office of AIDS Web site at <http://www.dhs.ca.gov/ps/ooa/HIVReporting> (click on "County HIV/AIDS Surveillance Coordinators Contact List").